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Comments:

**ATTORNEY DOCKET NO.: 506612000100
SERIAL NO.: 10/006,290
FILING DATE: October 22, 2001
INVENTOR(S): Jay WOHLGEMUTH et al.
TITLE: LEUKOCYTE EXPRESSION PROFILING**

Papers attached herewith:

- 1. Transmittal - 1 page**
- 2. Amendment - 12 pages**
- 3. Copy of Petition From Restriction Requirement filed October 12, 2006 - 8 pages**

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PTO/SB/21 (09-04)

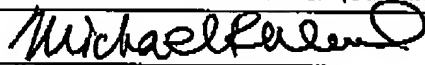
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/006,290
		Filing Date	October 22, 2001
		First Named Inventor	Jay WOHLGEMUTH, M.D.
		Art Unit	1634
		Examiner Name	B. L. Sisson
Total Number of Pages in This Submission	21	Attorney Docket Number	506612000100

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply - 12 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Copy of Petition from Restriction Requirement filed Oct. 12, 2006 - 8 pages 2. Fax Cover Sheet.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
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Printed name	Michael R. Ward		
Date	October 19, 2006	Reg. No.	38,651

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Dated: October 19, 2006	Signature:  (Victoria A. Wilson)

sf-2211950